

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400162643

**COMPLETED INTERVAL REPORT**

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120 4. Contact Name: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31706-00 6. County: WELD  
7. Well Name: BROWN Well Number: 5-2  
8. Location: QtrQtr: NWNW Section: 2 Township: 1N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED  
Treatment Date: 02/25/2011 Date of First Production this formation: 04/13/2011  
Perforations Top: 7468 Bottom: 8187 No. Holes: 184 Hole size: 0.38  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
NB Perf 7468-7562 Holes 60 Size 0.38  
CD Perf 7698-7714 Holes 64 Size 0.42  
J S Perf 8146-8187 Holes 60 Size 0.38

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 04/14/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 45 Bbls H2O: 0  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 10 Mcf Gas: 45 Bbls H2O: 0 GOR: 4500  
Test Method: FLOWING Casing PSI: 1450 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1116 API Gravity Oil: 44  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>02/25/2011</u>		Date of First Production this formation: <u>04/13/2011</u>	
Perforations	Top: <u>8146</u>	Bottom: <u>8187</u>	No. Holes: <u>60</u>
		Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
J S Perf 8146-8187 Holes 60 Size 0.38 Frac J-Sand down 4-1/2" Csg w/ 146,706 gal Slickwater w/ 115,020# 40/70, 4,000# SuperLC			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____
		Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____
		Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: _____ Sacks cement on top: _____			

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/04/2011</u>		Date of First Production this formation: <u>04/13/2011</u>	
Perforations	Top: <u>7468</u>	Bottom: <u>7714</u>	No. Holes: <u>124</u>
		Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NB Perf 7468-7562 Holes 60 Size 0.38 CD Perf 7698-7714 Holes 64 Size 0.42 Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 245,868 gal Slickwater w/ 200,640# 40/70, 4,000# SuperLC Frac Codell down 4-1/2" Csg w/ 214,200 gal Slickwater w/ 150,360# 40/70, 4,000# SuperLC			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____
		Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____
		Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: _____ Sacks cement on top: _____			

Comment: _____
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: 5/6/2011 Email Cindy.Vue@anadarko.com  
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### **Attachment Check List**

Att Doc Num	Name
400162643	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)